## Risk Assessment Questionnaire for Automated External Defibrillator (AED) Placement

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<tbody>
<tr>
<td><strong>1. Building Number</strong></td>
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<tr>
<td><strong>2. Describe Building Location (area, descriptive landmarks)</strong></td>
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<td><strong>3. Approximately how many workers do have in your building during normal work hours?</strong></td>
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<td><strong>4. Approximately how many workers do you have in your building after hours?</strong></td>
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<td><strong>5. Are there any high hazard electrical sources (over 240 volts) in your area that are used on a routine basis?</strong></td>
<td>YES □ NO □</td>
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<tr>
<td><strong>6. Do you have knowledge of workers in your area that have a known cardiac history (previous heart attacks or cardiac arrest)? If so how many?</strong></td>
<td>YES □ NO □</td>
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<td><strong>7. Do you have access to an AED from a neighboring building, security patrol, or electrician?</strong></td>
<td>YES □ NO □</td>
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<td><strong>8. Do you have people currently trained in CPR/AED?</strong></td>
<td>YES □ NO □</td>
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<td><strong>9. Are there any unique access issues to your building that would cause a delay in emergency services?</strong></td>
<td>YES □ NO □</td>
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<td><strong>10. Would your organization be willing to purchase the AED (approx $2500)? If so, what project/task?</strong></td>
<td>YES □ NO □</td>
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<td><strong>11. In your opinion, where would you want the AED located?</strong></td>
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<td><strong>12. Have you been told previously that you were approved for an AED from Health Services?</strong></td>
<td>YES □ NO □</td>
</tr>
<tr>
<td><strong>13. Name and phone number of point of contact for AED issues such as preventative maintenance:</strong></td>
<td>Name: Phone:</td>
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</tbody>
</table>

Once the questionnaire is completed, please return it to Deb Rivera at darive@sandia.gov or MS1019. The EMS department will then review the information and if necessary contact you to set-up a tour of the facility. A final determination will be made by Dr. McCarthy, EMS Medical Director. Upon approval, individuals will need to be identified to be trained on use of the AED; once identified, you will need to contact Jennifer Perea at 845-9764 to set-up training. **Please note, there is a $97 charge per person for the training; the certification is good for 2 years.** Upon notification from Jennifer that the training is complete, the EMS department will contact you to schedule a time for the installation of the AED. Please note, monthly AED checks will have to be performed at your location and maintenance will be conducted annually by Medtronic’s Physio Control.

**Name of Person Completing this Request:**  
**Manager review/approval:**  
**Date:**  

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1. Request received/reviewed by on (date)  
2. Request reviewed by Dr. McCarthy on (date)  
3. AED approved: YES □ NO □ Reason:  
4. Contact person notified: YES □ NO □ on (date)  
5. SALUD notification of completed AED training on (date)  
6. AED installed: Date

Revised 11/05